

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL096008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 04/07/2016
NAME OF PROVIDER OR SUPPLIER WOODARD CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 2050 US 70 WEST HWY GOLDSBORO, NC 27534		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments Report of a Biennial Construction Survey by Frank Strickland on 04/07/2016: Information obtained from the DHSR database indicates that this facility was licensed on 07/01/1990 as a HA and licensed for a 30 bed Special Care Unit on 10/12/2010. The facility is currently licensed for 73 Beds. Therefore, this facility was surveyed for conformance with the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds and the 1987 Minimum Standards and Regulations for Homes for the Aged. The applicable portions of the 1978 (Rev 5) and the 1999 Editions of the North Carolina State Building Code(s)- Institutional Occupancy. Deficiencies have been cited and a Plan of Correction is required.	C 000		
C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1-Based on observations, this facility has not been maintained penetrations due to breaches through fire-rated construction invalidated its integrity of wall construction. This could affect all	C 189	Corrected 05-02-16	

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

James Jones

Admiral Jones

05-5-16

STATE FORM

4KP121

If continuation sheet 1 of 3

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C 189	Continued From page 2 Bathroom.	C 189		
C 189	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1-Based on observation, this facility failed to provide an environment in accordance with this Rule by not providing ventilation where odors are generated. This could affect residents and staff by subjecting them to house-keeping odors. Findings on 04/07/2016: The mechanical exhaust fans are not exhausting interior air in the following rooms: (a) Women's Bathroom across the hall from Room 23 (b) Short Wing Blue Bathroom	C 199	<i>All ventilation were corrected. all exhaust fans have been replaced in all these areas! exhaust fans were set with light switched to come on! 04-16-16</i>	
		(A)	<i>Bathroom exhaust fan was replaced</i>	
		(B)	<i>Bathroom exhaust fan was replaced</i>	

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C 189	Continued From page 1 residents and staff in the event that a fire and/or smoke is not contained in a room or compartment of origin. Findings on 04/07/2016: There is an opening in the concrete block from the sink waste line that is located in the Men's Memory Care Unit. 2-Based on observation, the facility has not maintained in a safe manner piping that penetrates the roof/ceiling assembly. This will affect all residents and staff in the event that fire and/or smoke is not contained in a room or compartment of origin. Findings on 04/07/2016: The main sprinkler riser supply pipe that penetrates the ceiling is not sealed that is located in the Sprinkler Riser Room. 3-Based on observation, the facility has not maintained in a safe and operating condition of the corridor handrails. This could affect all residents by disrupting grasping support for stability of a resident. Findings on 04/07/2016: The corridor handrail is loose outside Room 1. 4-Based on observation, the facility has not maintained in a safe and operating condition of the closures on interior doors. This could affect all residents by not fire and/or smoke from the compartment of origin. Findings on 04/07/2016: The door closure is unfastened to the door and the closure arm acts as a wedge to prevent the operation of the door located in the Visitor Men's	C 189	<i>C189 Replaced sink and caulked! Cover opening under sink 05-02-16</i> <i>Group W sealed all pipes in sprinkler room 05-03-16 Clear out Room!</i> <i>hand Replaced all rail in facility 04-12-16 We checked all RAILS.</i> <i>Visitor men's door hinge to bathroom repaired 04-12-16</i>	